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ACROSS THE PAGES . . .

A HOSPITAL TOUR—sights and sounds in the dispensary—a trip to the Muree hills—are described in the second of Mother Dengel's series of articles, "Back to India."

"TRAIN TRAVEL IN INDIA IS SPORT," writes Father John J. Barrett, S.J. Don't miss his version of a certain train trip in "Along the Way in India."

"PSYCHIATRY IN A MISSION HOSPITAL" is Sister M. Elise Wijnen's survey of mental health and mental hospitals in India. Sister M. Elise is the Medical Officer in Charge of Holy Family Hospital in Patna.

FEBRUARY IS CATHOLIC PRESS MONTH. For us especially this means Mission Press Month. And so we present . . . "Proofs for the Mission Press."

YOUR WILL . . . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its general purposes."

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The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

The main activities of the Society include the conducting of hospitals, dispensaries, maternity and child welfare centers, training schools for native nurses and midwives, and similar health works.

Medical Mission Centers conducted by the Society in India and the United States are:

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Rawalpindi, India
HOLY FAMILY HOSPITAL
Patna, India
MITFORD MUNICIPAL HOSPITAL.
Dacca, Bengal, India
THE SANTA FE CATHOLIC MATERNITY INST., Santa Fe, N. M.
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Atlanta, Georgia

It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

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MISSION OF GOODWILL

When Wendell Willkie reported his tour to the Orient, he mentioned hospitals at the head of the list of several factors that make for good will for America. He was referring, of course, to hospitals conducted by Americans, which means for the most part although not exclusively, Protestant mission hospitals. This remark may have surprised some, but its truth is obvious to those whose daily task it is to relieve suffering in the medically starved countries of Asia and Africa.

Selfless service and devotion inevitably establishes a bond of trust and confidence. The *attitude of caring* about the weal and woe of others, irrespective of color or creed, and more still, the actual *caring in deed* makes for good will and balance between the giver and the receiver. It tends to peace for individuals and groups.

Now the extent of its radiation and depth of penetration depend on the qualitative and quantitative love expended. In other words, the more devoted laborers we have in the medical mission vineyard, the more good will we can create and the more real peace we can spread. Every hospital, every dispensary, be it ever so small, every child welfare clinic, every hut where lepers can find a loving heart and a skillful hand to dress their sores, can be so many heralds of peace, so many centers where the peace born of love can grow and spread.

As we enter the New Year, inevitably we think of peace. No one can tell what the next twelve months will bring—but we do know that now, as never before, the heart of humanity longs for peace. Yes, we want peace—we want also to do our share to gain it and keep it. Only a few can be delegates to peace conferences—but who is there who cannot go on a good will mission to visit the sick, the starving, and the naked, who far outnumber the healthy, the well fed and the well clad of the world.

You want delegates—and here they are. Missionaries all over the world are your representatives, the liason between yourselves and the sick and poor whom they serve, your ambassadors of good will, makers of peace. Daily, hundreds and thousands look to them with eager eyes for medicine, for strengthening food, for the wherewithall to cover themselves. On your behalf the missionaries can help them—and helping them, bring them to know the love of Christ—the source of peace for them—and for you.

NOTICE TO SUBSCRIBERS

Owing to difficulties in obtaining paper we are combining the January and February, March and April issues.

Greetings from Rawalpindi!

Back to India

MOTHER ANNA DENGEL, S.C.M.M., M.D.

It was already late when I reached Rawalpindi. For me the most prominent sight on the platform was our Sisters all in white. It was a happy meeting after many years. An old friend of ours, a Mill Hill Father, out of the kindness of his heart risked bringing his car. It expected to give up the ghost at any minute. But in spite of many chokings and shortness of breath we arrived safely and quickly at Holy Family Hospital.

As it was late we paid a short visit to the chapel and had a brief family gathering of all the Sisters. December evenings are cold in the Punjab and the steaming hot cocoa and glowing embers in the refectory fireplace added to the warmth of the welcome.

The next morning we had to rise early, before five a. m., to have time for Prime and meditation preceding Mass, which was at six. Hospital life requires an early start of work. We have the Blessed Sacrament reserved in a nice little chapel in our house, but for Mass we go to the parish church which is on the hospital compound. A few minutes' walk in the bracing morning air makes one wide awake.

The church was built not long ago for the Indian congregation, mostly sweepers who live in near-by dingy, dark brick dwellings. The very lightness and airiness, the beauty of the altar and vestments, must brighten and elevate them even apart from the greater influence—the Real Presence of the Son of God Who came to save the sixty million outcasts of India just as much as the Maharajas. When we arrived, many pews were already filled with student nurses, both Sisters and lay, all Indians. Slowly a few men, women and children trickled into the church and knelt in the front on the floor. Old blind Miriam whom I had known long ago was there too. She comes to Mass even in the blazing heat and torrential rains of the monsoon. A young Mill Hill Father, recently arrived from England, celebrated the Holy Sacrifice. Above the altar the beautifully carved life-size Crucifix, with the corpus painted white, strange to say, at the request of the Indian congregation, suggested Our Lord's words: "I draw all things to Myself"—all nations. Even in this little mission church people from different parts of India, Europe and America were represented. A scene like this is but one of a million or more scattered over the face of the globe. The closer they can be found together, the more their influence coalesces, the more union and communion there will be with Christ.

Hospital Tour

By the time we returned, the sun had risen and the beautiful mountain panorama was clearly visible even to the snow on the distant ranges. I spent the morning in the hospital. The building was the same with only minor additions and walled-in porches. Every room, every ward, every nook and corner of the hospital was brim full. There were a number of happy mothers—always a bright spot in the hospital—eager to tell when the baby was born, whether it was a boy or girl, how many children they had, etc. One dwarf mother was awaiting a Caesarian section. In one of the private rooms was an Irish lady in the seventies, who had had her leg amputated. She was doing well and seemed to be glad to be rid of the troublesome limb. In one of the wards was a jungly village woman displaying two arm stumps. She was helpless except for her speech which she used to good purpose, initiating new-comers to the ward, giving them kindly advice on how to take hospital life. Having been a guest of the hospital for over a year, she had seen many

come and go. In the same ward with her just then were two other village women who had been brought in with deep bed sores. The Indian Sisters were taking care of them tenderly and expertly.

In the nursery thirty new-borns in neat little individual cots, swelled the number of India's four hundred million people. It was a pleasure to see Indian nurses giving them morning care, gently and deftly.

Last but not least, our legacies were clamoring for attention — the children left behind, the fatherless or motherless or forsaken. There were about twelve in all to be cared for, fed and clothed. Sometimes these babies are just left on the doorstep or are brought in by a stranger. Oftener we know some of the story. Just then four year old Damien was the latest arrival. He had been found by a Catholic railway sweeper, left behind in a train. Poor Damien was almost a skeleton and had peculiar blotches on his skin. Every now and then he screamed in agony and seemed to have spasms. Then he salaamed and grinned again from ear to ear and like all these children had a kind of winsomeness which is irresistible. One has to love them. There are so many of these unwanted children in mission countries. It is truly a great Christian charity to gather them and give them their birth right of health, happiness and Christian upbringing. This would take a great army of devoted women. Much is being done, for instance in Rawalpindi, by the Franciscan Missionaries of Mary in St. Catherine's Orphanage and by others in different places—but it is all too little for the need. Until more creches and orphanages are established, hospitals must take them, at least during the most vulnerable period of their life, the first year. (In India twenty-four per cent of deaths occur during the first year of life.) But hospitals are not ideal places for these children. Perhaps when Indian Sisters are more numerous and are trained to take care of healthy babies a happy day will dawn for many of these lovable, stray little ones.

In The Dispensary

The dispensary was my last stop. I knew that it would be busy but it was more than busy. It was unwieldy with not enough space for patients to sit or stand. To relieve the congestion an afternoon clinic is held also. Sister says it helps but this is still inadequate. I met the Indian doctor who assists in the dispensary, as Sr. Alma and Sr. Leonie both have their hands full with surgery and in-patients. More and more Indian women are taking up medicine. Throughout the country there must be between two and three thousand in practice. This is encouraging but fills only a fraction of the need.

In the dispensary were Hindus, Sikhs, Christians and the Mohammedan women shrouded in the familiar burka. In Rawalpindi, at least, there was no sign that purdah is on the wane. On the contrary, with the prosperity of the war a number of Mohammedans have risen in the social scale. For the women this means wearing the burka as a token of respectability.

From department to department I heard the same plea—a larger hospital soon. It was obvious—they had managed so far but could do so no longer. Then and there on my first day in India I had one ambition—to see the new Holy Family Hospital started during my stay there. I am happy to say that my ambition was realized to the extent of seeing the foundation stone laid, but in India that is a very minor part. The technical and financial difficulties of raising a modern two hundred bed hospital are Himalaya-high and there is no reason for complacency or over-joy until the hospital is in full swing and is tested and tried. Optimists think it will take two years. Far be it from me to quench their hopes!

On to Murree

With old friends to see and business to attend to the days passed quickly. One pleasant trip I had to make was to Murree to see our house there. Murree is a hill station seven thousand feet high, two hours by car from Rawalpindi. When it is witheringly hot in Pindi—between 100 and 116 F.—it is pleasantly warm and during the night even cool in Murree. We are fortunate to have a house there where our Sisters in turn can escape the heat for six weeks every year and make their annual retreat in an atmosphere of beauty and peace.

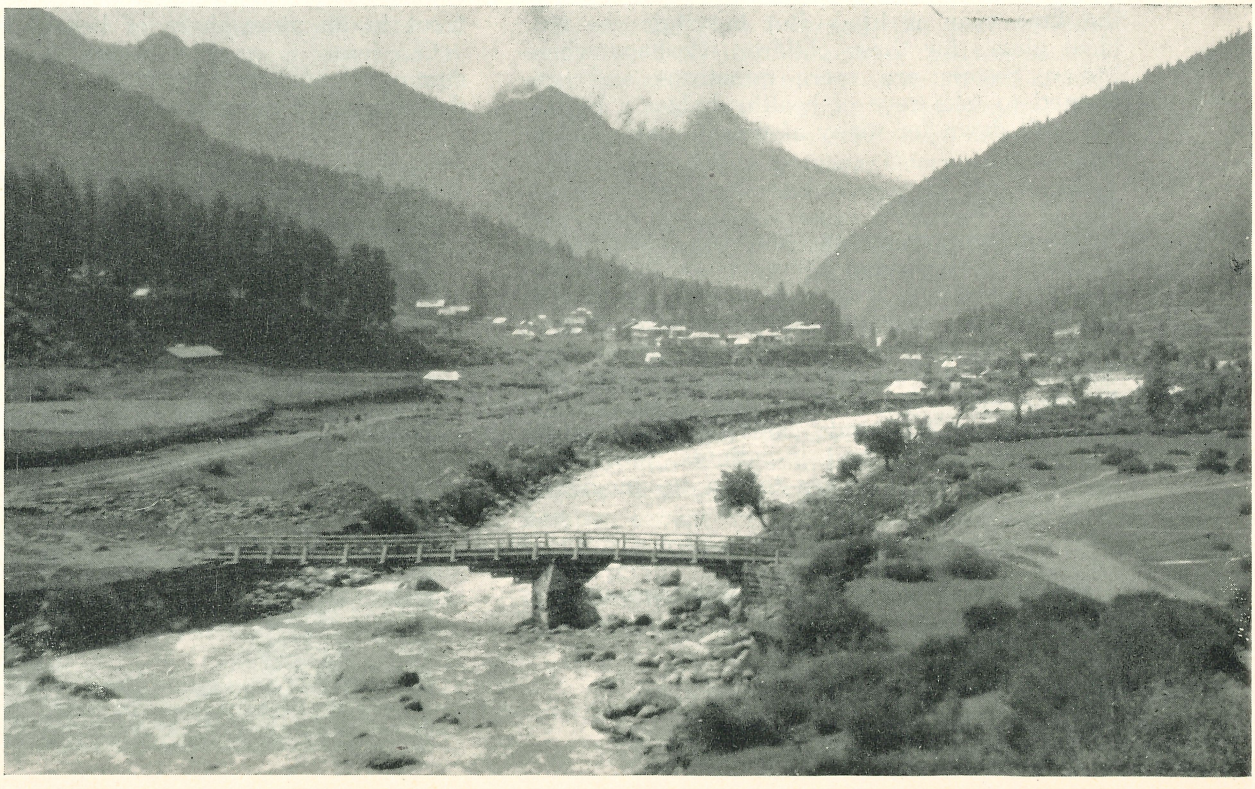
Our house is an old building, at one time the summer residence of the Bishop of Lahore, hidden among pines on a mountain spur overlook-

One of our legacies on the objective side!

Murree bazaar in winter time

ing a deep valley and hills studded with flat-roofed, mud farm houses and terraced fields. In the distance loom giant mountains of the Himalaya range. Our nearest neighbor, about ten minutes walk up a stony path, is a large girls' school conducted by the Sisters of Jesus and Mary, who kindly allow us to come to Mass everyday in their beautiful spacious chapel. We have the Blessed Sacrament reserved in a little narrow porch room, a miniature chapel, but need a larger one very badly to hold about twenty-five Sisters. As the Indian Sisters who are student nurses are too far from their respective communities to join them for holidays and retreats, we invite them to our house in Murree. With the increase of Sisters needed for a larger hospital, we will not be able to give them all the chance to come to Murree unless we have a larger chapel.

The town and bazaar of Murree is about a thirty minute walk from the house. During the summer it is crowded but in the winter it is almost buried in snow and deserted except for a few permanent residents and chaukidars (watchmen). One priest remains. He has to live a hermit's life but if he enjoys the winter landscape of one of the most grandiose sceneries of the world, praying, thinking, reading and walking, he is rather to be envied than pitied. To those who love mountains they are friends and companions—mute, yes,—but radiating soothing beauty and calm strength. The lofty views dispel petty cares; the variety of peaks, high and low, jagged and round, glimmeringly white or refreshingly green or even gray and bare, individually and still more in their whimsical arrangement and totality, lead one's thoughts to a power not mighty but almighty. All our Sisters like to go to Murree; it is an oasis of peace and rest during the year's work in the hospital. I could not help but think of the hundredfold promised while I was there. Some people think that if they leave their own country they must say goodbye to everything beautiful and pleasant. They are very much mistaken. God has distributed his gifts. Murree at the gate of Kashmir, the vale renowned in song and story, is particularly favored by nature. May it also be favored by grace . . . .



In The Murree Hills

Proofs for the Mission Press

AN ESSENTIAL VEHICLE OF CATHOLIC TRUTH AND ACT IS THE MISSION PRESS. The strength and energy with which the Church is able to extend itself across the world depend upon the knowledge and inspiration of the faithful. If the faithful are ignorant of this gigantic effort of expansion, then the missionary Church suffers from the lack of prayer, vocations and support. There is no substitute for understanding and knowledge. Those engaged in the missionary expansions of the Church agree that the important need at the present time is the education of the faithful to the whole missionary idea and objective of the Church. The Church in America cannot hope to meet the challenge of the hour or to accept the call of Divine Providence for an unprecedented missionary spirit, unless it understands the necessity of universal participation in this essential expression of Catholic life. It is the specific function of the mission press to give this knowledge and to arouse intelligent enthusiasm.

IT IS THE PURPOSE OF THE MISSION PRESS to gain the attention of the Catholic world for a work which should be as much a part of Catholic life as anything else in the faith. It must educate Catholics to that fullest expression of Catholic life which is totally realized only by the will and effort to extend the faith according to the will of Christ.

IT IS FOR THE MISSION PRESS to discover to the faithful the real universality of Catholicism by bringing them in touch with the labors of the Church on the frontiers of the world, by showing the variety of peoples, nations and races, yet the one vivifying Spirit stirring in the midst of all. The mission press particularly portrays the grand struggle of the Church to unite all mankind in the unity of the Body of Christ and to implant that one humanity of which Christ is the Head, to realize the plan and the will of God to restore all men to the divine family, no matter who or where they may be.

THE MISSION PRESS MUST FURTHER EDUCATE to an understanding of the variety of works undertaken by the Church in the mission fields and the part they play in the extension of the faith. It must show that God's argument of wisdom and mercy and love is manifested to the non-Christian world by hospitals, schools of all kinds, education in every branch of life, preaching and catechizing and administering the Sacraments. The faithful must be brought to see that there are many gateways to the faith and that all require their prayer and support.

THROUGH THE MISSION PRESS the glory of the missionary vocation must be taught in order that vocations may be inspired. The supernatural character of this divine task must be made known in order that the faithful may be enlisted in a grand crusade of prayer for Christ's conquest of the world.

—Edward L. Murphy, S. J.

Father Barrett does not always resort to train travel. He is also a licensed pilot.

Along the Way in India

By The Rev. John J. Barrett, S.J.

"Push over, push over. A gentleman is coming in. Sahib atta hai!" shouted one moustached little Indian to another, sitting shoulder to shoulder with him in the train. The second looked around through the open window at me, grinned and moved aside.

All about me, pushing and tugging, were hundreds of folk, men and women with boxes, bags, and bundles trying to board the train for Calcutta at the same time that other hundreds were fighting to get off the train at Patna. The sun beat down on the platform roof, scorched the top of the coaches, blinded the sweating masses shrieking and clamoring in a desperate effort to get on, or off, the long line of cumbersome cars.

This train had shuffled into Patna from Delhi hours behind schedule. Since less than one-tenth of the passengers could read a timetable, why should it arrive on time? When one travels, he goes to the station and waits until a train, any train, comes in headed in the direction he wishes to go.

I had to catch this particular train, for it was the only one which would get me there in time to open the Holy Week Mission at Sacred Heart Church in Calcutta. As the long train slid slowly past, I saw that every compartment was jammed to the doors. There was no use in hunting for a place. When the procession had jolted to a halt and the battle at the doors began, I thrust my baggage, a rolled up blanket and mosquito net, through the nearest window, between two heads. Without looking around, they pushed the bundle back again. I gave it another determined shove. It was then that the little man turned, saw me, and pushed his companion aside to make room for "the gentleman".

Being a tall American and willing, I gathered up the skirts of the white cassock which we missionaries in India wear everywhere, and hoisted one leg through the open window. Those inside lent a hand and p u l l e d me through. Necessity makes a fool of decorum.

Wedged between the two genial Indians, I was a target for the eyes of fifty other genial Indians. The seats in the trains are benches running around the walls of the compartments, plain boards in Third Class, nicely upholstered in First Class. The baggage rack hangs from the ceiling above the seats. Usually, as in this case however, the luggage is piled high in the center of the compartment and the racks are occupied with squatting humanity. Each deposits his shoes under the bench and curls up barefooted in less room than a cat needs. I kicked off my shoes, also, but stretched out my long legs on top of the mountain of baggage.

"Where are you going?" the first friend inquired loudly, in English. One hundred ears were now aware that one of them spoke English. He had made his point.

"Calcutta. Where are you going?" I asked.

"Calcutta. I am h a v i n g business. You are doing how in Calcutta?" he returned w i t h immense satisfaction.

"I am giving a service in a church," I answered in terms he would comprehend.

"You are getting how much money for service?"—without batting an eye.

"Why,—I don't get paid."

"Then, how do you support one wife?" It was a challenge.

"I haven't got a wife," was my mild reply.

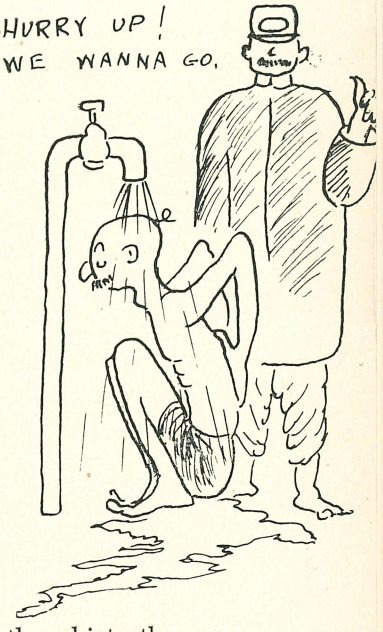
"You are not having a wife?" To which I nodded my head and received a most quizzical look. It was then my turn and in short order I learned in Hindustani that Sundar Ram came from Rampus, where he left one father and mother with one wife and four children besides two brothers with their wives and children, to go to Calcutta for the purchase of cloth, the wedding of an uncle, and to see the sights. Furthermore, he was a graduate of Binod College, was hoping to become an undersheriff, and would I have a cigarette?

Train travel in India is sport. I've travelled much across northern India in the hot and cold seasons, the wet and the dry, by day and by night. It is always enjoyable. In spite of the caste system and the religious differences between the Hindus and the Moslems, humanity meets on a common level when crowded together like sardines. Only in the Second and First Class compartments where space is not at a premium does one suffer the silence of frigid mankind.

Arguments, stories, morsels of wisdom, are bartered back and forth, sometimes involving every person present. No, not the women. Those who do not ride in the compartment reserved for women must keep silent if they would retain their reputation. But in their own reserved compartments they chatter, quarrel, and feed their children.

Indian trains run leisurely. From town to town, they race at thirty and forty miles an hour, but seem loathe to leave the station when they reach it. The smallest place deserves a stop of ten minutes while the vendors pace the platform selling bananas, cold pancakes, hot tea, cigarettes, and betel leaves for all who chew and spit the red juice about indiscriminately. The plates upon which the food is served are jungle leaf platters, the tea cups are rough baked clay, used only once and broken by the drinker. The permanent residents of each station are the mongrel curs which lick the platters, scavenge for scraps, and limp about with open sores gained in constant fighting.

At noon it is customary from time out of mind to stop a half hour for lunch. The evening meal requires more time, up to forty-five minutes. Hindus and Moslems flock to their respective restaurants at the station or in the town bazaar nearby. All are properly warned when the train is to start by the loud hammering on a length of steel rail hung at the station. Even after the last announcement one might still have time for a bath.



Bathing en route is a hot weather pastime. Every station has at least one faucet situated high enough on the open platform for a man to squat under while bathing. However, no nominal train schedule could possibly accommodate all who want a bath, so some must go without. This bathing has always intrigued me, it is so moderately done. Off comes the shirt, the dhoti remains; then pop under the faucet and work up a good lather; rinse off and step from under the faucet. Now reach for the clean dry dhoti and unfurl it; hold it loosely around the body while disengaging the old wet garment which now falls off. Fix the new dhoti in place, resume the shirt, and proceed to wash out the old. When the gong has finally sounded for departure, run to your compartment, fix one end of the washed garment in one window, the whole four yards stretched along the outside of the coach like a banner. By the time we reach the next station the dhoti will be dry, and you will want another bath.

I have yet to try it because I haven't yet progressed to the stage of wearing a dhoti.

The Holy Father's Mission Intentions for January and February: Unity of East and West through Christian principles—Success of the Chinese Missions under peaceful conditions.

Psychiatry in a Mission Hospital

Sister M. Elise Wijnen, S.C.M.M., M.D.

Most middle class Indians have no false shame or reticence about mental illness. They will simply say—"Her brain has gone bad." The wealthy and well-educated, on the other hand, react to mental illness much as Europeans and Americans do: they feel its stigma, unreasonable though that may be, and they fear the uncertain prognosis. The very poor have the simplest explanation of all. In almost biblical language they will tell you—"She has a devil!" But the middle class Indians, on the whole, have outgrown this superstition and fortunately have not yet acquired the false ideas of the West.

In many ways this facilitates early diagnosis and treatment. One can be quite blunt and say to the relatives: "This girl's mind is sick. She needs to be treated, just as if she had a broken leg or sore throat. Put her in our hands for a few weeks, and she will probably get well." Strange to say, that is just what happens in most cases. Perhaps we have been unusually fortunate, possibly Indian women react differently from Americans, but most mental patients here in Patna's Holy Family Hospital do get well. Of course we do not take the worst cases—but the ordinary early stages of mental illness we do treat in fair numbers and with unexpected success.

Mental Hospitals in India

Many a time we say to each other: "If only we had a really well-equipped and fully staffed psychiatric department." Mental illness is common in India, much more so than the amount of treatment meted out would indicate. A recent estimate by experts mentions a million cases at least. This was revealed in the "Report of the Health Survey and Development Committee," appointed by the Government of India in October, 1943 and usually called the Bhore Report. Proper psychiatric care is almost nil. At the request of the above mentioned committee, Colonel M. Taylor, the superintendent of the Ranchi European Mental Hospital, made a tour of the main hospitals in the country. With one or two exceptions, notably Ranchi and Bangalore, the mental hospitals of India, he reported, are on a deplorably low level.

No one can doubt that there is room in India for many first class mental hospitals, both private and government controlled. Specialists are even more urgently needed, for it is not the building that makes the hospital, it is the staff. There are hardly any nurses who have had a course in psychiatric treatment. Specialist courses for doctors are not available, and attendants usually get no training at all. Even the undergraduate students in most places receive only an apology for a psychiatry course. At best the contact of a medical student with the mentally ill is but cursory, due to the overloaded curriculum of the medical schools. Unless this teaching, both theoretical and practical, is of the highest order, it will create more confusion than understanding in the minds of the students.

On a Smaller Scale

The findings of the Bhore Committee are incontestable. And yet, unorthodox though it may sound, it appears to us that many mentally ill patients *in the early stages,* can be treated satisfactorily and economically in well run general hospitals, provided the doctor has some psychiatric training. This statement is the result of experience rather than of theoretical considerations. Our small mission hospital in Patna has accepted mental patients from the start, from necessity rather than from choice, because there was no other place for these patients to go.

We have no separate psychiatric block or ward. The patients are put in private rooms if they are very manic or disturbed, and as soon as they are better they are ordinarily allowed, and nowadays even encouraged, to go into the ward and mix with the other patients. The results have been remarkably satisfactory.

We use the simplest form of convalescent therapy: intravenous metrazol injections. This requires only a minimum of nursing care, as

compared with insulin coma, and no special equipment as does the electrical shock treatment. The latter is really preferable, and as soon as the apparatus becomes available again it will be quite simple to switch over to that type of treatment. Usually after three or four shocks a totally disabled young girl, who has been sitting in a corner at home for weeks, staring into space, talking to herself, laughing and crying for no reason, refusing to eat, dishevelled, obstreperous, will turn into a still slightly dazed but cooperative and fairly reasonable patient, who can be reached with occupational and psychotherapy.

Not A 'Lunatic Asylum'

The matter of occupational and psychotherapy raises another question. Early and mild mental cases may actually be better off in a general ward. Such patients are not uniformly and unintermittently "crazy." They have lucid intervals, often for days at a time. At such phases they are in contact with their surroundings, and can take in all that goes on around them. Which alternative would be more conductive to a complete return to reality: the company of other mental patients in various stages of delusions and mania, or that of the ordinary run of the mill of general hospital patients, not the sickest ones, of course, but the convalescent and moderately ill? Which would you yourself prefer? Surely the atmosphere of a reasonably contented, gossiping, housekeeping ward full of almost cured patients, would be much more pleasant and much better psychotherapy.

Such a system makes psychotherapy easy. Every doctor who has ever dealt with backward Indian women knows how difficult it is to get things across to them by word of mouth. Their vocabulary, ideas and mental images are almost completely restricted to housekeeping, babies, weddings, and illness! There just does not seem to be a common language in which to discuss psychological troubles. But there is a way of practical psychotherapy, by placing before them actual problems of adjustment, cooperation, making decisions, etc., which must be met and solved by the patients. Thus, one treats these women like children, not with words, but with object lessons. This will work even with the simplest, most uneducated patients. It is carried on more or less all the time, by the nurses and attendants, and often, quite unconsciously, by the other patients and their relatives.

The Whole Problem

In other words, mental patients in a general hospital are treated like persons, not like lunatics. They are surrounded by reality, not by the inevitably rather abnormal atmosphere of a mental institution. As long as there is hope of improvement, and provided the patient is not dangerous, this surely is a tremendous advantage. Such treatment also encourages and emphasizes the idea that mental illness is nothing to be ashamed of, that it can be cured like any other illness, with just the ordinary amount of trouble and expense. This makes for early treatment and consequently better chances of recovery and fewer serious relapses. One cured patient will usually be the starting point of a series of cases from the same locality, for word travels fast in India!

Of course, this idea should not be pushed too far. Mental hospitals are still a crying need: for the more serious and dangerous cases, for the advanced and deteriorated patients, for criminal commitments and above all, for teaching. The Catholic Medical College, planned for India, will need a well arranged and properly staffed psychiatric department. Then it will be able to train Catholic doctors in undergraduate, specialist and follow-up courses, who will go out to the Catholic hospitals all over the country. Thus its influence and achievements will be spread far and wide, and even the smallest, simplest mission hospital will be able to take care of these mentally ill patients, and prevent many of them from becoming totally disabled.

FRIENDSHIP . . .

"What drew me closest to my friends was the delight of the chatting and laughing together; of showing our affection for one another by kindly services; of reading together from books that spoke of pleasant things; of uttering little nothings and joking amicably; of disputing now and then but without resentment, as one is wont to do with himself; of awakening by rare contest the pleasure of being of one mind; of mutually instructing one another; of longing with impatience for an absent one, and of tasting the joy of his return.

"We loved each other with all our hearts, and these marks of our friendship that were shown on our faces, by our voices, in our eyes and a thousand other ways, were among us like ardent flames that fused our souls together, and of many made but one."

—Adapted from St. Augustine

St. Sebastian in Malabar

By Sister M. Pauline, S.C.M.M., R.N.

Since coming to Malabar, I have been impressed over and over again by the deep veneration with which the Christians here keep their various festivals. Not a month goes by without some special celebration, marked always with Solemn High Mass, Benediction of the Most Blessed Sacrament and public processions through the streets.

One of the most popular festivals in Malabar is that of St. Sebastian. Pagans as well as Christians have great devotion to him, and the entire month of January is dedicated to the holy martyr's veneration just as May is dedicated to the Blessed Mother.

Although I cannot tell the origin of St. Sebastian's special veneration in Malabar, I do know that his story is loved and known to everyone. This soldier-saint received a double martyrdom by order of the Emperor Diocletian. After converting the Prefect of Rome and his son, Tiburtius, St. Sebastian, at the emperor's command, was pierced with arrows and left for dead. But God raised him up again, and he went before the emperor to plead for the persecuted Church. Again he was sentenced, and this time was beaten to death by clubs.

In Malabar the martyr is considered the special protector of the country against pestilence and diseases — such as smallpox, cholera, plague, etc. Even pagans take part in the long procession in his honor, light candles, make offerings and carry the arrow taken from the body of the saint with great devotion. During the solemn processions the statue of the saint is carried everywhere — through the streets, from village to village and over the entire countryside.

The processions themselves are a glittering panorama of great golden crosses, huge, multicolored umbrellas edged with tinkling silver trinkets, and gaily decorated elephants. Very often these elephants belong to the Hindu temples, but for St. Sebastian they perform just as well, taking the offerings in their trunks and kneeling to place them before his statue.

St. Sebastian is especially venerated in St. Mary's Church in Bharananganan. According to tradition, the statue of the saint was brought from Chael, one of the seven churches of Malabar originally founded by St. Thomas. When Chael was destroyed and the inhabitants were forced to migrate, they took the statue with them. St. Mary's Church actually keeps two feasts of St. Sebastian—one, from the eleventh to the twenty-first of January, and the other on the twenty-sixth of May. The latter is called the Patronage of St. Sebastian, in commemoration of the special protection given the parish through his intercession when the entire neighborhood was devastated by pestilence.

A unique feature of the procession held by this parish is the heavy brass lamp, hundreds of years old, which is carried before the statue of the saint. The lamp bears the image of the Hindu god, Krishna, and was actually given to the church by the Hindu temple as a token of respect and in recognition of the great virtues of the martyr. Even on special feast days offerings are sometimes sent from the temple in his honor. To the pagans, as well as to the Christians, St. Sebastian is a real friend and they look upon him as such. And surely, we can rely upon the saint, so loved and venerated by the Indian Christians of Malabar, to lend his powerful aid in bringing the millions of their native land to the feet of Christ.

When we pray for a fine day, some of us think that the best thing is to get it. But not at all. The best thing is that the finite has been allowed to impose its will upon the Infinite.

T. Gavan Duffy in "The Sower Went Out"

The Mission Clipper

The Chinese And Medical Research

J. Frazer Smith, M. D., writing in "China," points out that the Chinese have been doing research work in medicine and prevention of disease for more than four thousand years. Some of the Chinese literature on medicine and health dates back to 2500 B. C.

But, Doctor Frazer says: "Fifty years ago when I entered Central China for the first time, seven out of every ten persons I saw were in obvious need of medical attention." The reason why—they clung to the theory, still common, that all diseases are the work of evil spirits and that these spirits must be driven out to effect a cure. At a good price an exorcist and his assistants visit the patient with cymbals, horns and drums. In due time the exorcist catches the supposed demon in a covered vessel. But if the patient dies, then it must have been due to some other evil spirit.

So the people became wise. And now they pay their doctors as long as they are well, but cease paying when they become ill.

Novitiate for Colored Sister-Nurses

A novitiate for Colored Sister-nurses, the first of its kind in the United States, was opened at St. Mary's Infirmary, St. Louis by the Sisters of St. Mary of the Third Order of St. Francis. Three young women were admitted as postulants at the opening. They are the first colored nurses to receive the opportunity to join an order of nursing Sisters. The new nurse postulants will go through the customary two and a half years of religious training before they take the vows of the Order.

—Hospital Progress

Lay Catechists in India

Lay catechists are almost indispensable helpers in the mission district of Ranchi, India, in charge of the Belgian Jesuits. In order to train them better, the missionaries opened a school at Tango, where candidates are instructed for a period of two years. The course there includes instruction in catechism, the life of Our Lord, history of the Church, and religious music. To fit the future catechists for life's practical problems, the missionaries give them some elementary notions of medicine and agrarian law. The women candidates are taught sewing, nursing and artificial flower making.

During this period of training the candidates observe a daily spiritual program comprising Mass, rosary, meditation, examination of conscience and visits to the Blessed Sacrament. To complete their spiritual training, the ideal of unselfishness is held before them in the person of St. Francis of Assisi, whose Third Order the candidates join.

—The Cowl

Damien Museum

A pair of old-fashioned spectacles, with their leather case, worn by Father Damien, SS.CC., Apostle of the Lepers of Molokai, has been received at the Sacred Hearts Fathers' Seminary in Washington, D. C. through the kindness of Mother Ann Sebastian Sullivan, Superior General of the Sisters of Charity of Nazareth, Ky.

One of the metal side-pieces of the spectacles is mended with a quill fashioned by Father Damien, an indication of the spirit of poverty which characterized the leper priest. The gift is the result of an appeal for letters and articles used by Father Damien at Molokai. These articles are being collected for preservation in a Damien museum planned at the Sacred Hearts Fathers' Seminary on the campus of the Catholic University of America.

The cause of Father Damien's beatification is reported to be progressing favorably in Rome. His heroic virtues have been officially declared and his writings examined and approved.

—N. C. W. C.

You cannot prevent the birds of sorrow from flying over your head, but you can prevent them from building nests in your hair.

—Chinese proverb.

Please pray for the repose of the souls of:

Merrill Swiney, M.D.
Bayonne, N. J.

Mrs. Elsie Fretz
Mountain View, Calif.

Sister M. Reginald, C.S.C.
Washington, D. C.

Sister Mary Caff, R.S.C.J.
Torresdale, Philadelphia, Pa.

May their souls and the souls of all the faithful departed, through the mercy of God rest in peace Amen.

Native Vocations in Uganda

In Uganda there is a steadily growing interest in native vocations which promises well for the future of the Church in this section of Africa. In the White Fathers Missions of Uganda Protectorate there are 82 native priests, 74 brothers and 428 sisters.

After witnessing a profession ceremony of native sisters, Sister M. John of the White Sisters wrote: "It really did my heart good to see all those blue veils and serious, happy, dark faces in the chapel where 108 sisters were finishing their retreat. There are about 350 professed sisters altogether in Uganda Vicariate, 100 of whom have already made their perpetual vows. This is all the more remarkable as a very long test of their fidelity (about 20 years) is required before they are admitted to perpetual profession. In their stations they work extremely hard, teaching very large classes, cultivating, cooking, etc."

—White Fathers Missions

News from At Home and Abroad

ATLANTA

Last month we told you about the second birthday of the Catholic Colored Clinic in Atlanta—and of the increase in patients during the past year. We had gone to press when Sister Clare, who is in charge of the Clinic, sent a more detailed report. It is most encouraging to see the progress made. Sister tells us that during the first few months of work at the Clinic, there were 407 patients. During the following year attendance jumped to 5.132—and on November first of the last year it had already reached a peak of 7,381 patients! It's the same medical mission story—you go, you work and you grow!

But best of all, Sister reports, is the friendship and good will created by the Clinic. Sister writes—"The friendly spirit and good will of the patients is encouragingly manifest in every little drive we have. For example, one of the Sisters collects stamps. Practically all the patients contribute to this cause most willingly and with stout hearts. One man always specifically asks for us when he brings his quota, and told us he obtained them 'on the job.'

Gratitude . . .

"And as for gratitude—I could write on and on about that, for all are most grateful for the least service rendered. For example, during a recent cataract operation the patient had a difficult time cooperating with all the needle sticks. We tried to console her and said—'All right, Maude, it will be worth it!' Immediately she conformed and said—'Oh, I know you're fighting for me, Sister Clare!'

"This statement literally had background. This patient had waited a long time for the operation. She had first applied to the City Hospital, but was refused on the basis that she could not establish residence in Atlanta. Therefore she was ineligible. When she came to us, we had no eye doctor on the staff, but we sent her to a private doctor who examined patients on our recommendation. Little by little Maude was scraping up the change to meet the rather large expense. The goal was still a long way off when suddenly our present surgeon appeared out of a blue sky and made her very happy! And that is why she felt we were fighting for her."

PATNA

Graduation

Holy Family Hospital in Patna celebrated the first graduation of nurses from the training school recently. Sister Cecilia, who teaches several of the nursing classes, writes . . . "The nine successful examinees received their certificates and barely realized that they were indeed making 'nursing history' here in Patna. Major Curson, I. M. S., the Superintendent of the Patna Medical College Hospital, pinned on their badges. Several Jesuit Fathers were present and also the Matron from the Duchess of Fech Hospital. At present the graduates are taking a midwifery course — and five will probably leave to begin work in the villages when they have finished."

"The Villa"

The training school at Patna is growing so rapidly that the Sisters have had to resort to Army methods to provide enough room for the students. Sister Elise tells us that "The new 'hut' for the nurses is almost finished. It is one of those Army metal buildings, and will help out in the emergency until we can build our new hospital. We call it the 'Villa' because 'hut' doesn't sound so good!"

At Last ! One Ice Box!

Just in case you may have wondered whatever became of those famous Patna ice-boxes, in the same letter Sister also sent the welcome news . . . "*One* of the iceboxes is working at last! We are having ice cream (the refrigerator kind) quite often to make up for all the years we were without any. The consumption of H2O has gone up one-hundred percent!" Note: We know that news of ice-boxes may not be seasonal—but you will excuse us, please, for those ice-boxes are really a most precious possession in the humid Patna climate!

Village Mission

A couple of months ago Sister Elise also had a taste of village life when she visited the mission conducted by the Franciscan Fathers of Loretto, Pa. at Gokhla, India. She sent first-hand impressions —"The ox-cart is the only possible conveyance in the Franciscan Fathers' small mission station of Gokhla. This was the first time I saw real Indian village mission life, and it is something special. The Fathers have a school for boys here, and there is a convent of Indian Sisters across the road, with a school for girls. But it is much smaller. Both places run a dispensary, although they have no qualified person. But they have to have a dispensary, willy-nilly, because there is no other medical aid available. The Fathers had invited me to come and see the place, decide about some of the dispensary problems, see some of the patients and take back Army medical supplies they had been

given. Among them were many wonderful medicines and even blood plasma. The trip was well worth while—and made me realize even more how much we need a traveling dispensary and a doctor to tour the villages and help the missionaries on the spot. It would be very hard work—but a real mission."

RAWALPINDI

Sister M. Dolores sends us the latest from Holy Family Hospital in Rawalpindi . . .

"I went out to the new hospital site with Sister Alma Julia today. What a job! Sister has been trying for five months to get the electricity connected up for the sawing, etc. but so far everything is being done by hand!

"As for the hospital here—we have had a rush of patients to the hospital. One man wrote that his wife was coming to the hospital to have her baby. This will be the third child of hers born in the hospital. His letter—'I write to inform you to avoid non-admittance in case there is a rush of patients, etc. . . .!"

FOR SUCH AS THESE . . .

Little children—in need of food, clothing, shelter . . . sick—and needing medical care . . .

For such as these we are working to build a new Holy Family Hospital in Rawalpindi, India.

* * *

Literally half of India's children die before reaching the age of ten. This would not be—need not be—if only they had proper food and medical care . . .

Your contribution to the new hospital in Rawalpindi will save many lives—bring health to hundreds of Christ's little ones.

* * *

Surely you will not refuse!

MOTHER ANNA DENGEL, M. D.
Medical Mission Sisters
8400 Pine Road
Fox Chase, Phila. 11, Pa.

Dear Mother Dengel:
Enclosed please find $.....
for Holy Family Hospital in Rawalpindi.
Sincerely,

.....

Nothing is so well suited to create the indispensable spiritual requirements of peace as help liberally given by state to state, by a people to a people, without regard to national boundaries, so that nations, laying aside feelings of rivalry and of vengeance, restraining their craving for power and banishing the thought of privileged isolation, may learn from their own fortunes to understand, to tolerate and to help one another and thus—upon the ruins of a civilization forgetful of the teachings of the Gospel—the Christian Commonwealth may rise again, in which the law of love is supreme.

—Pope Pius XII